

## CLAIM FORM

### YOUR DETAILS

Name ..... Document No: .....  
Address .....  
.....  
..... Tel No .....  
Are you registered for VAT? .....

### DETAILS OF VEHICLE

Make and Model ..... Registration Mark .....  
Date of first registration .....

### DETAILS OF USE

Travelling from ..... To .....  
For the purpose of .....  
(Give details of your journey – the words Private/Domestic/Pleasure are **not** sufficient)

### DETAILS OF BREAKDOWN

Location ..... Date & Time .....  
Was the car rendered immobile? .....  
Cause of breakdown .....  
How many persons were travelling in the vehicle ? .....  
Who was driving the vehicle ? .....

### DETAILS OF CLAIM (Please indicate the nature of your claim)

#### Home Breakdown/Roadside Repairs

Time Taken .....  
Amount of Claim (Labour Cost only)  
£ .....

#### Recovery

Delivered to .....  
Miles Travelled .....  
Amount of Claim £ .....

#### Alternative Travel

By (Type of Travel) .....  
To Travel to .....  
Amount of claim £ .....

#### Hotel Accommodation

For (No. of persons) .....  
Rate (per person – room only) .....  
Amount of Claim £ .....

Your signature ..... Date .....

### DECLARATION

**I certify that all the above details are true and correct and I acknowledge that any statement made knowing it to be false may invalidate the insurance.**

To enable us to deal promptly with your claim, please complete this form and send it together with the original receipts (not photocopies) within 14 days of your breakdown to:-

AUTO AID Claims Department  
Library House, New Road Brentwood, Essex CM14 4GD.